



Sexual Violence in Kansas

Injury Prevention and Disability Program

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I want to be a part of that voice to help stop sexual violence

There is a movement with youth in the Kansas City area to stop sexual violence. Jeff, a 17-year-old high school senior, said, “The fact that people are getting hurt and dying from sexual assault, rape and domestic violence made me outraged. I want to be a part of that voice to help stop it.”

Jeff is a part of an interactive theater troupe called “The Outrage: An Educational Journey Through Teen Dating Violence and Sexual Assault.” The Outrage is an original performance piece written by Allison Basinger, former Education and Prevention Coordinator at SAFEHOME, a comprehensive domestic violence agency located in Johnson County, Kansas. The purpose of The Outrage is to provide teens with current statistical information about teen dating violence and sexual assault. Student actors deliver a series of vignettes highlighting stereotypical gender roles that support sexual violence and provide youth audiences with examples of positive bystander behavior they can use to respond to teen dating violence and abuse. Johnson County high school student volunteers perform this piece to middle and high school students after receiving 40 hours of domestic violence, dating violence and sexual assault training. After the 25 minute performance, these student actors engage the audience in a question-and-answer session.

Rutvik Date wrote about his experiences as a student actor in The Outrage in his college application letter. He wrote, “Before I became a member of the Outrage, I used to be *that* kid - the kid that sat in the back and spoke only when called upon. I often felt enraged by injustice, but did not have the courage to act upon it, whether the injustices were as commonplace as cheating and getting away with it, or as serious as verbal abuse in the halls. I was overly self-conscious and fearful of standing up for myself, afraid of public embarrassment. This trepidation paralyzed me, keeping me from making decisions and taking risks. Awkward, afraid, and certain that I always felt like I embarrassed myself exponentially more than my peers, I never put myself out there. Along came The Outrage to awaken my dormant confidence.”

Rutvik continued by writing, “The Outrage has transcended the plane of a play and has defined my confidence and convictions. It has enhanced my personality in a way and to a degree I never thought possible. First, I found my voice, literally and figuratively. Not only did I discover that I could speak loudly, I also discovered that I had the courage to stand up for my beliefs. The messages communicated by The Outrage were so powerful that I was forced to examine my values and morals. Slowly but steadily, The Outrage bolstered my courage to speak out when I feel indignant.”

Initially created in 2007 for Sexual Assault Awareness Month, demand for The Outrage has led to year round performances. What started with eight student volunteers has grown this year to 48 student actors. It has developed into a significant initiative impacting members of the Johnson County community and also reaching into many other communities across Kansas. Since its inception, The Outrage has been performed more than 147 times for more than 25,000 people. Locally, The Outrage has been performed at the Kansas Crime Victims’ Rights Conference and Kansas Safe and Prepared Schools Conference. The Outrage has also received national recognition for its efforts. In April of 2010 the Safe States Alliance honored The Outrage with their Innovative Initiative of the Year Award. In April of 2011, The Outrage was selected to perform in Washington DC at the first National Summit on Gender Based Violence Among Young People. This Summit was

organized by the U.S. Department of Education and the U.S. Department of Justice and was orchestrated through the Office of Vice President Joe Biden.

Increased exposure has prompted requests from communities across Kansas and the U.S. for access to The Outrage script and for technical assistance in implementing the project. Currently, The Outrage program is being replicated in 19 communities in 13 different states. In August 2011, SAFEHOME secured funding through various sources including a Verizon grant to provide a full time coordinator for The Outrage. In September 2011, the State Farm Youth Advisory Board awarded SAFEHOME a \$25,000 service-learning grant to assist SAFEHOME in sustaining The Outrage. SAFEHOME plans to use the funding to develop a media campaign and have The Outrage student actors provide examples of healthy teen relationships. Sustainability of The Outrage provides opportunities for students to become involved in stopping sexual violence among youth in Kansas.

Executive Summary

Sexual violence is a public health problem impacting Kansans. The problem not only affects the victim but also affects friends, families and communities.¹ Sexual violence does not discriminate; it impacts individuals of various ages, genders, race and ethnicities, and socioeconomic statuses.² Although police reports can provide some information about the prevalence of sexual violence, it is estimated that two-thirds of cases of rape go unreported.³ The Kansas Behavioral Risk Factor Surveillance System (BRFSS) survey is a useful method for collecting self-reported data on prevalence of sexual assault because it looks at any lifetime experience and evaluates current health conditions and risk behaviors.

This report describes the prevalence of ever experiencing unwanted sex among women 18 years and older by various demographic characteristics. On average, the prevalence of ever experiencing unwanted sex was lowest among women ages 65 years and older and highest among women who are unable to work and women living with a disability.

Comparisons by history of unwanted sex show that women who ever experienced unwanted sex had higher prevalence of fair/poor health, poor physical health, poor mental health, diagnosed depression, diagnosed anxiety, suicidal ideation, and ever being tested for HIV as compared to women who never experienced unwanted sex. Prevalence of selected chronic health conditions, including arthritis, current asthma, high cholesterol (among those ever tested) and chronic obstructive pulmonary disease (COPD), and current smoking were also higher among women who ever experienced unwanted sex compared to those who did not.

While this report is an important first step in describing the risk behaviors and health conditions of Kansas women who have ever experienced unwanted sex, much more work is needed to better understand this issue. Further analyses can describe whether demographic factors (e.g. income and education) help to explain associations between unwanted sex, health risk factors and health outcomes. In addition, it will be critical to include questions about unwanted sex on future iterations of the Kansas BRFSS to monitor changes in prevalence of unwanted sex over time and associated health conditions and risk behaviors. Such information allows public health professionals and sexual violence prevention experts to continue to create informed programs and prevention strategies.

Definitions

Definitions of sexual violence include interpretations of harassment, molestation, rape, voyeurism and non-consensual exposure.⁴ The Centers for Disease Control and Prevention (CDC) define sexual violence as “any sexual act that is perpetrated against someone's will. Sexual violence encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). All types involve victims who do not consent, or who are unable to consent or refuse to allow the act.”⁴ This report focuses on responses to questions about unwanted sex from the 2011 Kansas BRFSS (see technical notes for the specific questions). Specifically, this report describes Kansas women who ever experienced unwanted sex at the age of 18 or older and Kansas women who have not. Although men experience unwanted sex, they were excluded from analyses due to relatively small numbers. Data were collected with funding support from the Kansas Injury Prevention and Disability Program.

Unwanted Sex Among Women

Among Kansas women 18 years and older, 8.6 percent ever experienced unwanted sex (Table 1). The perpetrator of the most recent incident was most commonly an intimate partner (48.5%); the second most common perpetrator was a stranger (21.3%).

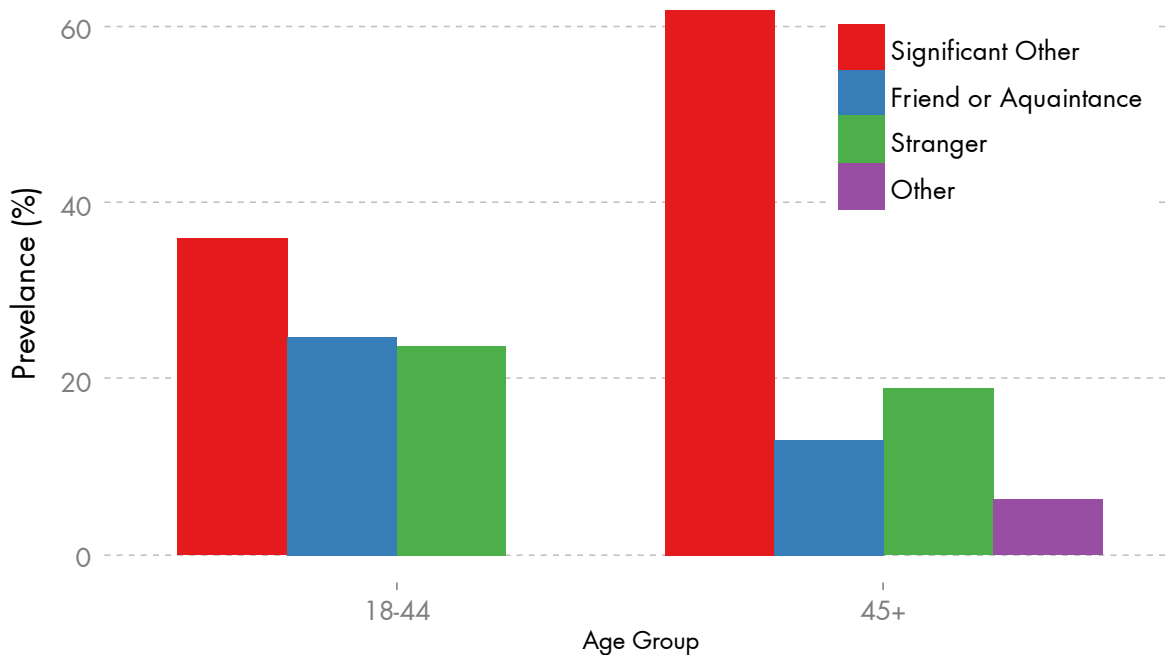
Among women who ever experienced sexual assault, the percentage who reported that the perpetrator of the most recent incident was a significant other was higher among women 45 years and older (61.8%, 95% CI: 55.2% - 68.3%) as compared to those 18-44 years old (35.9%, 95% CI: 22.7% - 49.1%) (Figure 1). See technical notes for weighted percentages and confidence intervals (Table A). For more information on how relationship to perpetrator is defined, see technical notes.

Table 1: Unwanted sex among Kansas women 18 years and older, Kansas BRFSS 2011

<i>History of Unwanted Sex</i>	<i>Weighted %</i>	<i>95% CI</i>
<i>Ever experienced unwanted sex</i>		
Yes	8.6%	7.2% - 9.9%
No	91.4%	90.1% - 92.8%
<i>Relationship to perpetrator of most recent incident of unwanted sex</i>		
Significant Other	48.5%	40.1% - 56.8%
Stranger	21.3%	13.5% - 29.1%
Friend or Acquaintance	19.0%	11.2% - 26.8%
Other	11.2%	5.0% - 17.4%

CI: Confidence Interval. **Source:** 2011 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment

Figure 1. Relationship to Perpetrator by Age Group, KS BRFSS 2011



Source: 2011 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment

Demographics

The prevalence of ever experiencing unwanted sex did not differ by age group for women ages 18-64 years old. Women 65 years and older had the lowest prevalence of ever experiencing unwanted sex (3.7%) compared to all other age groups (Table 2).

The prevalence of ever experiencing unwanted sex did not differ across race/ethnicity groups. The prevalence of experiencing unwanted sex among non-Hispanics as compared to Hispanics did not differ significantly even after age-adjustment.

The percentage of women who ever experienced unwanted sex was twice as high among those who were unable to work (19.6%) as compared to women who were employed for wages/self-employed (8.1%).

The percentage of women who ever experienced unwanted sex was more than three times higher among those living with a disability (16.3%) compared to those living without a disability (5.9%).

Table 2. Percentage of Kansas women 18 years and older who ever experienced unwanted sex, by selected characteristics, Kansas BRFSS 2011

<i>Characteristics</i>	<i>% Women Who Ever Experienced Unwanted Sex</i>	<i>95% CI</i>	<i>Within Group Comparisons</i>
<i>Overall</i>	8.6%	7.2% - 9.9%	None
<i>Age Groups</i>			
18-44 years	9.4%	6.7% - 12.0%	Reference
45-54 years	11.0%	8.8% - 13.2%	–
55-64 years	9.6%	7.7% - 11.4%	–
65+ years	3.7%	2.7% - 4.7%	Lower
<i>Race/Ethnicity Groups</i>			
Non-Hispanic (NH) white	8.3%	6.9% - 9.7%	Reference
NH African-American	–	–	–
Hispanic	–	–	–
NH other	12.3%	5.4% - 19.1%	–
<i>Disability Status</i>			
Living without a disability	5.9%	4.6% - 7.2%	Reference
Living with a disability	16.3%	12.8% - 19.7%	Higher
<i>Education</i>			
Some college/College graduate	8.9%	7.2% - 10.5%	Reference
High school graduate/GED or less	8.1%	5.7% - 10.5%	–
<i>Annual Household Income</i>			
More than 50K	6.1%	4.8% - 7.4%	Reference
35K to less than 50K	9.2%	6.1% - 12.3%	–
25K to less than 35K	6.7%	3.6% - 9.8%	–
15K to less than 25K	8.1%	5.0% - 11.3%	–
Less than 15K	18.5%	10.8% - 26.2%	Higher
<i>Employment</i>			
Employed for wages/Self Employed	8.1%	6.3% - 9.8%	Reference
Retired	3.3%	2.4% - 4.3%	Lower
A Homemaker/Student	7.8%	4.4% - 11.2%	–
Unable to Work	19.6%	13.7% - 25.5%	Higher
Out of work (unemployed)	18.9%	8.3% - 29.4%	–

CI: Confidence Interval. **Comparisons:** Comparisons to the reference group within each sub-section. Higher means that the estimate is significantly higher than the reference group. Lower means that the estimate is significantly lower than the reference group. – No statistically significant difference between estimate and the reference group. **Source:** 2011 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment

Health Conditions and Risk Behaviors

Modern public health looks at health much more broadly than in the past and includes physical, mental and environmental issues. In this broader context, sexual violence is no longer viewed as simply a social issue, but a complex public health issue. The news media often reports the immediate consequences of sexual violence, the physical trauma and the defining of victims and perpetrators. The public health interest is the long-term health consequences and risks of sexual violence. The connections between sexual violence and long-term health problems, such as chronic pain, stomach problems and emotional issues like anxiety and depression, have been reported in the scientific literature. However, these associations have not yet been reported using Kansas-specific data. This section also explores how health behaviors are different between women who ever experienced unwanted sex compared to women who did not.

Overall Health

The percentage of Kansas women who self-reported fair/poor health was nearly twice as high among those who ever experienced unwanted sex (26.4%) as compared to those who did not experience unwanted sex (14.2%) (Table 3).

In Kansas, 1 in 4 women who ever experienced unwanted sex reported 14 or more days of poor physical health in the past month (24.7%), which was twice as high as compared to those who did not experience unwanted sex (11.4%).

Mental Health

The percentage of Kansas women who reported 14 or more days of poor mental health (29.9%) was nearly three times higher among women who ever experienced unwanted sex as compared to those who did not experience unwanted sex (10.8%).

In Kansas, 1 in 3 women who experienced unwanted sex were ever diagnosed with an anxiety disorder (33.9%), which is nearly three times higher than the percentage of women who did not experience unwanted sex (12.8%).

Nearly half of Kansas women who experienced unwanted sex were ever diagnosed with depression (47.3%), which is almost three times higher as compared to those who never experienced unwanted sex (16.7%). In Kansas 1 in 5 women with a history of unwanted sex thought about taking their lives in the past year (18.1%), which is four times higher as compared to those without a history of unwanted sex (3.4%).

Sexual Health

Half of Kansas women who ever experienced unwanted sex have been tested for HIV (52.5%), which is higher than those without a history of experiencing unwanted sex (29.0%).

Chronic Health Conditions

Kansas women who ever experienced unwanted sex had a higher prevalence of having/had arthritis, asthma, high cholesterol (among those ever tested), and chronic obstructive pulmonary disorder (COPD) as compared to women who never experienced unwanted sex.

There were no statistically significant differences between women who ever experienced unwanted sex and women who never experienced unwanted sex for the prevalence of cancer, coronary heart disease, diabetes, heart attack, hypertension, overweight/obesity and stroke.

Table 3. Prevalence of Selected Health Conditions of Women by History of Unwanted Sex, Kansas BRFSS 2011

	Experienced Unwanted Sex		Never Experienced Unwanted Sex		Comparison: experienced vs. never experienced*
	<i>Weighted %</i>	<i>95% CI</i>	<i>Weighted %</i>	<i>95% CI</i>	
<i>Overall Health</i>					
Fair/Poor Health	26.4%	20.0% - 32.8%	14.2%	12.8% - 15.6%	Higher
14+ days physical health not good	24.7%	18.2% - 31.3%	11.4%	10.0% - 12.8%	Higher
<i>Mental Health</i>					
14+ days mental health not good	29.9%	22.5% - 37.2%	10.8%	9.1% - 12.5%	Higher
Ever diagnosed with depression	47.3%	38.9% - 55.7%	16.7%	15.0% - 18.5%	Higher
Ever diagnosed with anxiety disorder	33.9%	26.0% - 41.7%	12.8%	10.9% - 14.7%	Higher
Thought about taking own life in past year	18.1%	9.7% - 26.4%	3.4%	2.4% - 4.4%	Higher
<i>Sexual Health</i>					
Ever tested for HIV	52.5%	44.1% - 60.8%	29.0%	26.4% - 31.6%	Higher
<i>Chronic Health Conditions</i>					
Arthritis	37.7%	30.4% - 44.9%	24.8%	23.1% - 26.5%	Higher
Asthma (Current)	22.4%	14.6% - 30.2%	9.1%	7.5% - 10.6%	Higher
Cancer	13.6%	8.4% - 18.9%	8.5%	7.5% - 9.5%	
High Cholesterol	49.8%	42.0% - 57.7%	37.6%	35.4% - 39.8%	Higher
COPD	16.9%	11.8% - 22.1%	6.3%	5.1% - 7.5%	Higher
Coronary heart disease	5.3%	3.1% - 7.6%	3.8%	3.2% - 4.5%	
Diabetes	11.1%	7.1% - 15.2%	8.7%	7.8% - 9.6%	
Heart Attack	–	–	2.7%	2.2% - 3.1%	
Hypertension	27.7%	21.7% - 33.7%	29.5%	27.6% - 31.4%	
Overweight/obesity	62.8%	53.8% - 71.9%	57.9%	55.1% - 60.7%	
Stroke	5.0%	2.2% - 7.8%	2.9%	2.3% - 3.4%	

* Higher means significantly higher prevalence estimate among those who experienced unwanted sex as compared to those who never experienced unwanted sex. – Not shown due to relative standard error greater than 30%. **CI:** Confidence Interval. **Source:** 2011 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment

Health Risk Behaviors

Prevalence of current smoking was much higher among women who experienced unwanted sex as compared to women who did not experience unwanted sex (41.2% vs. 16.8%) (Table 4). There were no statistically significant differences between women who ever experienced unwanted sex and women who never experienced unwanted sex for the prevalence of binge drinking, seatbelt use, leisure time physical activity, overweight/obesity, and fruit and vegetable consumption.

Table 4. Prevalence of Selected Health Risk Behaviors of Women by History of Unwanted Sex, Kansas BRFSS 2011

<i>Health Risk Behaviors</i>	Experienced Unwanted Sex		Never Experienced Unwanted Sex		Comparison: experienced vs. never experienced *
	<i>Weighted %</i>	<i>95% CI</i>	<i>Weighted %</i>	<i>95% CI</i>	
Binge drinking	16.4%	8.7% - 24.1%	10.5%	8.2% - 12.8%	
Current smoker	41.2%	32.6% - 49.8%	16.8%	14.5% - 19.0%	Higher
Always uses seatbelt	90.5%	86.6% - 94.5%	85.2%	82.8% - 87.6%	
No leisure time physical activity	25.0%	18.9% - 31.2%	26.6%	24.3% - 28.9%	
Overweight/Obesity	62.8%	53.8% - 71.9%	57.9%	55.1% - 60.7%	
Consume less than 1 fruit/day	43.6%	35.2% - 52.0%	33.7%	31.2% - 36.3%	
Consume less than 1 vegetable/day	21.9%	13.9% - 30.0%	19.3%	17.0% - 21.6%	

* Significantly higher prevalence estimate among those who experienced unwanted sex as compared to those who never experienced unwanted sex. CI: Confidence Interval

Source: 2011 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment

Technical Notes

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is the world's largest annual population-based survey system tracking health conditions and risk behaviors in the United States since 1984. It is coordinated by the Centers for Disease Control and Prevention (CDC) and is conducted in every state and several territories in the United States. The Bureau of Health Promotion (BHP), Kansas Department of Health and Environment (KDHE) conducted the first BRFSS survey in Kansas in 1990 as a point-in-time survey. Since 1992, BHP has conducted the Kansas BRFSS survey annually, thus providing an ability to examine the burden and monitor the trends of various diseases and risk factors/behaviors that are of public health importance in Kansas. BRFSS is the only source of population-based data for several public health indicators in Kansas. The 2011 Kansas BRFSS was conducted among non-institutionalized adults 18 years and older living in private residences with landline and/or cell phone service. The Kansas BRFSS assessed history of unwanted sex for the first time in 2011. The Sexual Violence Module questions were asked of approximately half of all landline respondents (Questionnaire Split B).

Several considerations should be taken into account when interpreting BRFSS estimates in this report:

- BRFSS estimates in this report do not apply to individuals without landline telephone service, those who reside on military bases or within institutions, or those who are unable to complete a telephone survey.
- BRFSS prevalence estimates are self-reported and are subject to bias due to respondents' inability or unwillingness to provide accurate information about their own behaviors or characteristics.
- Prevalence estimates are only reported when they are based on at least 50 denominator respondents and 5 numerator respondents.

For more information on Kansas BRFSS methodology, visit www.kdheks.gov/brfss/technotes.html.

Sexual Violence Module Questions and Response Options:

State-Added Module 14: Sexual Violence

These next questions may be hard for you to answer but the information is very important. These questions are about different types of physical and/or sexual violence or other unwanted sexual experiences that might or might not have happened to you since you were 18 years old. We recognize this is a sensitive topic. Some people may feel uncomfortable with these questions. The information you provide us will be kept strictly confidential. At the end of this section, I will give you phone number for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

1. Are you in a safe place to answer these questions?

01 Yes

02 No *[Go to closing statement]*

2. Now, I am going to ask you questions about unwanted sex.

If respondent is female read: Unwanted sex includes things like putting anything into your vagina, anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

If respondent is male read: Unwanted sex includes things like putting anything into your anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

01 Yes

02 No *[Go to closing statement]*

07 Don't know / not sure *[Go to closing statement]*

09 Refused *[Go to closing statement]*

3. Has this happened in the past 12 months?

01 Yes

02 No

07 Don't know / not sure

09 Refused *[Go to closing statement]*

4. Think about the time of the most recent incident involving a person who had sex with you, or attempted to have sex with you, after you said or showed that you didn't want to or without your consent. What was that person's relationship to you?

- 01 Personal attendant/caregiver
- 02 Someone you were dating
- 03 Boyfriend/Girlfriend (Includes ex-boyfriend/ex-girlfriend)
- 04 Stranger
- 05 Spouse or live-in partner (Include ex-spouse/ex-live-in partner)
- 06 Relative
- 07 Friend/Roommate
- 08 Acquaintance/Neighbor/Landlord
- 09 Co-worker/Supervisor/Client
- 10 School teacher/employee/classmate or Youth Counselor
- 11 Friend or Co-Worker of Boyfriend/Girlfriend/Spouse/Family/Friend
- 12 Other (specify: ____)
- 77 Don't know / Not sure
- 99 Refused

We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE(4673)**. Would you like me to repeat this number? Do you want me to me to transfer you to this number?

Defining relationship to perpetrator:

The relationship of the victim to the perpetrator of the most recent incident was defined as follows:

- Significant Other
 - Someone you were dating
 - Boyfriend/Girlfriend (Includes ex-boyfriend/ex-girlfriend)
 - Spouse or live-in partner (Includes ex-spouse/ex-live-in partner)
- Stranger
- Friend or Acquaintance
 - Friend/Roommate
 - Friend or Co-Worker of Boyfriend/Girlfriend/Spouse/Family/Friend
 - Acquaintance/Neighbor/Landlord
- Other
 - Other
 - Personal Attendant/Caregiver
 - Relative
 - School Teacher/Employer/Classmate/ Youth Counselor

Table A. Relationship to perpetrator of sexual assault victim by age group, Kansas BRFSS 2011

Age Group (Years)	18-44		45+	
Relationship to Perpetrator	Weighted %	95% CI	Weighted %	95% CI
Significant Other	35.9%	22.7% - 49.1%	61.8%	55.2% - 68.3%
Stranger	23.7%	9.6% - 37.9%	18.8%	13.2% - 24.3%
Friend or Acquaintance	24.7%	10.4% - 38.9%	13.0%	8.6% - 17.5%
Other	–	–	6.4%	3.7% - 9.2%

CI: Confidence Interval. –Estimates with relative standard error greater than 30% have been suppressed. **Source:** 2011 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment

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